

DCFS RECOMMENDATION FOR PERSONNEL ACTION

*CRIMINAL RECORDS CHECK (FEDERAL AND STATE) REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*STATE REGISTRY CHECK REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*LA. STATE POLICE SEX OFFENDER & CHILD PREDATOR REGISTRY CHECK REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRUG TEST REQUIRED – NEW HIRES EXCEPT TRANSFERS IN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRUG TEST REQUIRED – MOVEMENT TO SAFETY/SECURITY SENSITIVE POSITION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SELECTIVE SERVICE REGISTRATION REQUIRED (for males 18 to 25 years of age)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*These items are required on individuals hired into child welfare or licensing job titles.

PERSON RECOMMENDED:		PERSONNEL # (if one exists):	
ACTION REASON:		PAY REASON:	
APPOINTMENT TYPE:	Probation <input type="checkbox"/> Permanent <input type="checkbox"/> Job Appt <input type="checkbox"/> Detail <input type="checkbox"/> for ____ months (no more than 12 mos) Classified WAE <input type="checkbox"/> Unclassified WAE <input type="checkbox"/> Uncl Student <input type="checkbox"/> Uncl Regular <input type="checkbox"/>		

Region/S.O. Program/ Bureau/Division:		Parish Work Location:	
Job Code #:		Position #:	
Job Title:			Requisition #:
Employment Type:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Time Entry Type:	Negative <input type="checkbox"/> Positive <input type="checkbox"/>	Program Assignment: Time Admin #:

PROPOSED EFFECTIVE DATE:		PROPOSED SALARY:			
		LEVEL	HOURLY	BI-WEEKLY	

(Attach form HR-3 Pay Upon Hire Worksheet for proposed salary amounts other than the minimum rate or applicable special entrance rate.)

JUSTIFICATION FOR SELECTION
(Include reasons this individual is recommended over others considered to include education, experience, special knowledge, skills, abilities, etc.)
(Coded Referral List must be attached. If Referral List not used for appointment, then coded Applicant Recapitulation Report listing all applicants must be attached.)

Were reference checks obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Minimum of 2 required except when filling from within DCFS. Refer to DCFS Policy No. 4-24 on Reference Checking.)
If required references were not obtained, explain why:	

Recommended by:

Hiring Manager or Supervisor Signature

Date

In signing above, I also certify that I am not an immediate family member of the individual being recommended. (Refer to DCFS Policy 2-03 for definition of family member.)

PERSON RECOMMENDED:		POSITION #:	
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REQUIRED APPROVALS:

(If First Level Approver is also the delegated Appointing Authority for action, then only sign on Appointing Authority line.)

☐ Concur
 ☐ Disapproved

First Level Approval: _____

Regional Manager/Bureau/Section Director Signature
 Date

In signing above, I also certify that I am not an immediate family member of the individual being recommended. (Refer to DCFS Policy 2-03 for definition of family member.)

☐ Approved
 ☐ Disapproved

Final Disposition: _____

Appointing Authority or Designee's Signature
 Date

In signing above, I also certify that I am not an immediate family member of the individual being recommended. (Refer to DCFS Policy 2-03 for definition of family member.)

HUMAN RESOURCES SECTION USE ONLY

CRIMINAL RECORDS CHECK RECEIVED AND VERIFIED (see Policy 4-36):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
LSP SEX OFFENDER REGISTRY CK REC'D AND VERIFIED (see Policy 4-36):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
STATE CENTRAL REGISTRY CK RECEIVED AND VERIFIED (see Policy 4-35):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
DRUG TEST RESULTS RECEIVED AND VERIFIED (see Policy 4-3):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
SELECTIVE SERVICE REGISTRATION VERIFIED (see Policy 4-30):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
CIVIL SERVICE BARRED LIST CLEARED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
DCFS BARRED EMPLOYEE LIST CLEARED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
DEPT PREFERRED REEMPLOYMENT LIST (DPRL) CLEARED & PRINTED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
APPLICANT MEETS C.S. MINIMUM QUALIFICATION REQUIREMENTS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OFFICIAL COLLEGE TRANSCRIPT VERIFIED (Degree, Hours & GPA if needed):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
CIVIL SERVICE COLLEGE/UNIVERSITY ACCREDITATION VERIFIED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
C.S. HIRING AUTHORITY VERIFIED (test score or test exemption):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
FOR PROMOTION OR DETAIL ACTION - EE's CURRENT ANNUAL PES VERIFIED (Successful or above):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
FOR PROMOTION ACTION - EE's PERMANENT STATUS VERIFIED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
DRIVER'S LICENSE VERIFIED (if required in job specification):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
PROFESSIONAL LICENSE / CERTIFICATION VERIFIED (if required):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE

☐ **DENIED – REASON:** _____

☐ **RELEASED FOR FURTHER PROCESSING – CONDITIONAL OFFER E-MAIL SENT** _____ **(DATE)**

ALL REQUIREMENTS OF ARTICLE X, CIVIL SERVICE RULES, UNIFORM CLASSIFICATION AND PAY PLANS AND POLICIES AND PROCEDURES ISSUED BY THE CIVIL SERVICE DIRECTOR HAVE BEEN MET. The hiring of this applicant is authorized for an effective date through _____ (90 days after closing date of job posting). If a later start date is necessary, PRIOR authorization MUST be obtained from the Human Resources Section.

CERTIFIED BY: _____

HUMAN RESOURCES STAFF MEMBER
 DATE